DOVE HEALTHCARE AT GLENDALE

1633 WEST BENDER ROAD

MI LWAUKEE 53209 Phone: (414) 228-9440 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 136 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 241 Average Daily Census: 120 Number of Residents on 12/31/00: 110

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	18. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	48. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.8	More Than 4 Years	33. 6
Day Services	No	Mental Illness (Org./Psy)	25. 5	65 - 74	23. 6		
Respite Care	Yes	Mental Illness (Other)	10. 0	75 - 84	30. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24. 5	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	4. 5	95 & 0ver	9. 1	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1.8			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	4. 5		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	20.9	65 & 0ver	88. 2		
Transportation	No	Cerebrovascul ar	10.0			RNs	11. 4
Referral Service	No	Di abetes	3. 6	Sex	%	LPNs	11. 2
Other Services	No	Respi ratory	3. 6			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	15. 5	Male	40. 0	Aides & Orderlies	38. 9
Mentally Ill	No			Female	60. 0		
Provide Day Programming for			100.0			İ	
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medi	edi care Medi cai d														
			(Title 18) (Title 19)			Other			P	Private Pay			Managed Care			Percent	
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	10	11. 1	\$132.40	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	10	9. 1%
Skilled Care	5	100. 0	\$257.46	65	72. 2	\$113. 24	0	0.0	\$0.00	1	7. 7	\$135.00	2 1	100. 0	\$350.00	73	66. 4%
Intermediate				15	16. 7	\$98.04	0	0.0	\$0.00	11	84. 6	\$130.00	0	0.0	\$0.00	26	23.6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	1	7. 7	\$130.00	0	0.0	\$0.00	1	0. 9%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		90 1	100. 0		0	0. 0		13	100.0		2 1	00.0		110	100. 0%

DOVE HEALTHCARE AT GLENDALE

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ons, Services	, and Activities as of 12/3	31/00			
Deaths During Reporting Period										
			% Needing							
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of			
Private Home/No Home Health	13. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents			
Private Home/With Home Health	1. 9	Bathi ng	10. 0		58. 2	31. 8	110			
Other Nursing Homes	1.9	Dressi ng	19. 1		54 . 5	26. 4	110			
Acute Care Hospitals	76. 6	Transferri ng	9. 1		79. 1	11. 8	110			
Psych. HospMR/DD Facilities	2.6	Toilet Use	10. 0		63. 6	26. 4	110			
Rehabilitation Hospitals	2.6		60. 0		30. 0	10. 0	110			
Other Locations	1.3	**************	******	*****	******	**********	******			
Total Number of Admissions	154	Continence		%	Special Trea	tments	%			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8. 2	Recei vi ng	Respiratory Care	13. 6			
Private Home/No Home Health	22. 2	0cc/Freq. Incontine	nt of Bladder	67. 3	Recei vi ng	Tracheostomy Care	3. 6			
Private Home/With Home Health	1. 2	0cc/Freq. Incontine	nt of Bowel	74. 5	Recei vi ng	Sucti oni ng	3. 6			
Other Nursing Homes	2.4				Recei vi ng	Ostomy Care	8. 2			
Acute Care Hospitals	49. 1	Mobility			Recei vi ng	Tube Feeding	11. 8			
Psych. HospMR/DD Facilities	2.4	Physically Restraine	ed	0.9	Recei vi ng	Mechanically Altered Diets	53. 6			
Rehabilitation Hospitals	1. 2									
Other Locations	6.6	Skin Care			Other Reside	nt Characteristics				
Deaths	15.0	With Pressure Sores		10. 9	Have Advan	ce Directives	100. 0			
Total Number of Discharges		With Rashes		3. 6	Medi cati ons					
(Including Deaths)	167				Recei vi ng	Psychoactive Drugs	63. 6			
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	Ownership: This Proprietary Facility Peer Group		Bed	Si ze:	Li co	ensure:			
			pri etary	20	00 +	Ski l	lled	Al l	
			Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	49. 8	74.6	0. 67	80. 3	0. 62	81. 9	0. 61	84. 5	0. 59
Current Residents from In-County	87. 3	84. 4	1.03	84. 7	1.03	85. 6	1.02	77. 5	1. 13
Admissions from In-County, Still Residing	11. 7	20. 4	0. 57	28. 9	0. 40	23. 4	0. 50	21.5	0. 54
Admissions/Average Daily Census	128. 3	164. 5	0. 78	96. 3	1. 33	138. 2	0. 93	124. 3	1.03
Discharges/Average Daily Census	139. 2	165. 9	0.84	100.6	1. 38	139. 8	1. 00	126. 1	1. 10
Discharges To Private Residence/Average Daily Census	32. 5	62. 0	0. 52	26. 4	1. 23	48. 1	0. 68	49. 9	0.65
Residents Receiving Skilled Care	75. 5	89. 8	0.84	88. 4	0. 85	89. 7	0.84	83. 3	0.91
Residents Aged 65 and Older	88. 2	87. 9	1.00	90. 4	0. 98	92. 1	0. 96	87. 7	1.01
Title 19 (Medicaid) Funded Residents	81. 8	71. 9	1. 14	73. 5	1. 11	65. 5	1. 25	69. 0	1. 19
Private Pay Funded Residents	11. 8	15. 0	0. 79	18. 7	0.63	24. 5	0.48	22.6	0. 52
Developmentally Disabled Residents	0. 0	1. 3	0.00	1. 2	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	35. 5	31. 7	1. 12	33. 1	1.07	31. 5	1. 13	33. 3	1.06
General Medical Service Residents	15. 5	19. 7	0. 78	20.6	0. 75	21.6	0. 72	18. 4	0.84
Impaired ADL (Mean)	50. 0	50. 9	0. 98	52. 0	0. 96	50. 5	0. 99	49. 4	1.01
Psychological Problems	63. 6	52. 0	1. 22	49. 4	1. 29	49. 2	1. 29	50. 1	1. 27
Nursing Care Required (Mean)	13. 6	7. 5	1.81	6.8	1. 99	7. 0	1.94	7. 2	1. 91